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NORTHLANDS ORTHOPAEDIC INSTITUTE LLC DEBTOR IN POSSESSION CH11 CASE #25-11372 (NJ) 504 VALLEY RD STE 200 WAYNE NJ 07470-3534

#### Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:
We accept all relay calls, including 711
1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (347)

P.O. Box 6995

Portland, OR 97228-6995

## Your Business and Wells Fargo

Visit wellsfargo.com/digitalbusinessresources to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

Other Wells Fargo Benefits

This June, be wary of scams targeting older and vulnerable adults

June 15 is World Elder Abuse Awareness Day, and now is a great time to learn how to help protect yourself and your loved ones from common scams, including:

- Investment scams, where the scammer makes friends with you on social media then offers to show you how to invest in crypto. Watch out for promises of big returns, suggestions to invest in crypto or requests to wire money.
- Tech Imposter scams, where scammers pose as legitimate tech support to convince you to give them access to your device. They can then plant fake evidence of fraud and pass you to another scammer posing as your bank, who asks you to wire money or courier cash or gold to "keep it safe". Wells Fargo will never ask you to do this. Watch out for unsolicited contact from "tech support" scammers. Never give up access to your device or accounts.

Remember, always be cautious when you're asked for your personal information or money. Don't respond until you validate the who and the why. You are in control when it's your money.

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Statement period activity summary

Beginning balance on 6/1 \$25,368.22 Deposits/Credits 43,609.41 - 30,000.00 Withdrawals/Debits Ending balance on 6/30 \$38,977.63

2324 (primary account) Account number:

NORTHLANDS ORTHOPAEDIC INSTITUTE LLC **DEBTOR IN POSSESSION** CH11 CASE #25-11372 (NJ)

NEW Jersey account terms and conditions apply

For Direct Deposit use

Routing Number (RTN):

For Wire Transfers use

Routing Number (RTN):

#### **Overdraft Protection**

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

#### Interest summary

Interest paid this statement \$0.18 Average collected balance \$22,725.65 Annual percentage yield earned 0.01% Interest earned this statement period \$0.18 Interest paid this year \$7.78

#### **Transaction history**

	Check		Deposits/	Withdrawals/	<b>Ending daily</b>
Date	Number	Description	Credits	Debits	balance
6/3		Horizon Hcclaimpmt 000000 ACH010028736894 TRN*1*0028736894*1220999690\	263.66		
6/3		Horizon Hcclaimpmt 000000 ACH040075860953 TRN*1*0075860953*1220999690\	332.15		
6/3		Unitedhealthcare Hcclaimpmt xxxxx9828 TRN*1*W324681460*1411289245*000087726\	4,114.78		30,078.81
6/4		Optum Hcclaimpmt xxxxxy828 TRN*1*2993747902*1300029448*0000Life1\	99.25		
6/4		Unitedhealthcare Hcclaimpmt xxxxx9828 TRN*1*T3866148*1411289245*000087726\	121.85		
6/4		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882514901067702*1066033492\	167.94		
6/4		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882515001052461*1066033492\	168.70		
6/4		Deposit Made In A Branch/Store	112.70		
6/4		Withdrawal Made In A Branch/Store		30,000.00	749.25
6/5		Aetna AS01 Hcclaimpmt xxxxxy828 TRN*1*825153000263964*1066033492\	255.50		
6/5		Horizon Hcclaimpmt 000000 ACH010028751111 TRN*1*0028751111*1220999690\	520.66		
6/5		Unitedhealthcare Hcclaimpmt xxxxx9828 TRN*1*T3960150*1411289245*000087726\	569.76		
6/5		Horizon Hcclaimpmt 000000 ACH040075866927 TRN*1*0075866927*1220999690\	833.78		
6/5		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882515101020363*1066033492\	1,875.94		4,804.89
6/6		9220999690 Hcclaimpmt 000000 ACH070075098190 TRN*1*0075098190*1220999690\	90.57		
6/6		Horizon Hcclaimpmt 000000 ACH010028761424 TRN*1*0028761424*1220999690\	204.40		
6/6		Horizon Hcclaimpmt 000000 ACH040075872634 TRN*1*0075872634*1220999690\	490.05		

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WELLS FARGO

### Transaction History (continued)

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
6/6	Number	Aetna AS01 Hcclaimpmt xxxxx9828	1,414.58	Бейа	7,004.49
		TRN*1*825154000166813*1066033492\			
6/9		Unitedhealthcare Hcclaimpmt xxxxx9828	116.30		
6/9		TRN*1*T4099370*1411289245*000087726\ Healthier NJ Cl Healthier 000000 ACH030001412769	100 50		
0/9		TRN*1*0001412769*2843673030\	199.58		
6/9		Horizon Hcclaimpmt 000000 ACH010028770162	285.12		
		TRN*1*0028770162*1220999690\			
6/9		Horizon Hcclaimpmt 000000 ACH040075878210	358.42		7,963.91
/ /10		TRN*1*0075878210*1220999690\	00.57		
6/10		9220999690 Hcclaimpmt 000000 ACH070075100431 TRN*1*0075100431*1220999690\	90.57		
6/10		Horizon Hcclaimpmt 000000 ACH040075888671	204.40		
		TRN*1*0075888671*1220999690\			
6/10		Horizon Hcclaimpmt 000000 ACH040075883655	301.98		
		TRN*1*0075883655*1220999690\	000.77		
6/10		Horizon Hcclaimpmt 000000 ACH010028788296 TRN*1*0028788296*1220999690\	839.76		
6/10		Aetna AS01 Hcclaimpmt xxxxx9828	4,342.90		13,743.52
0/10		TRN*1*882515501021413*1066033492\	1,012.70		10,7 10.02
6/11		Aetna AS01 Hcclaimpmt xxxxx9828	152.99		
		TRN*1*882515701052590*1066033492\			
6/11		Healthier NJ Cl Healthier 000000 ACH030001417052 TRN*1*0001417052*2843673030\	183.15		
6/11		Aetna AS01 Hcclaimpmt xxxxx9828	381.30		14.460.96
0/11		TRN*1*882515601034616*1066033492\	301.30		14,400.70
6/12		Unitedhealthcare Hcclaimpmt xxxxx9828	354.36		
		TRN*1*T4328064*1411289245*000087726\			
6/12		Aetna ASO1 Hcclaimpmt xxxxx9828	1,872.29		16,687.61
6/13		TRN*1*882515801032569*1066033492\ Horizon Hcclaimpmt 000000 ACH010028814231	99.66		
0/13		TRN*1*0028814231*1220999690\	77.00		
6/13		Horizon Hcclaimpmt 000000 ACH040075899571	673.61		
		TRN*1*0075899571*1220999690\			
6/13		Aetna AS01 Hcclaimpmt xxxxx9828	1,285.33		18,746.21
6/16		TRN*1*825161000295219*1066033492\ Horizon Hcclaimpmt 000000 ACH010028823081	141.12		
0/10		TRN*1*0028823081*1220999690\	141.12		
6/16		Horizon Hcclaimpmt 000000 ACH040075904459	487.49		
		TRN*1*0075904459*1220999690\			
6/16		Aetna AS01 Hcclaimpmt xxxxx9828	790.62		20,165.44
6/17		TRN*1*882516101022192*1066033492\ 4220999690 Hcclaimpmt 000000 ACH080085208027	146.40		
0/1/		TRN*1*0085208027*1220999690\	140.40		
6/17		Unitedhealthcare Hcclaimpmt xxxxx9828	2,155.00		
		TRN*1*W326087467*1411289245*000087726\	,		
6/17		Deposit Made In A Branch/Store	3,766.11		26,232.95
6/18		Unitedhealthcare Hcclaimpmt xxxxx9828	340.21		
6/18		TRN*1*T4585237*1411289245*000087726\ Aetna AS01 Hcclaimpmt xxxxxy828	350.29		
0/10		TRN*1*882516301039567*1066033492\	330.29		
6/18		Aetna AS01 Hcclaimpmt xxxxx9828	416.43		27,339.88
		TRN*1*882516401043297*1066033492\			
6/20		Aetna ASO1 Hcclaimpmt xxxxx9828	76.29		
6/20		TRN*1*825167000010602*1066033492\ Aetna AS01 Hcclaimpmt xxxxx9828	232.76		
0/20		TRN*1*882516501051982*1066033492\	232.70		
6/20		Unitedhealthcare Hcclaimpmt xxxxx9828	372.36		28,021.29
		TRN*1*T4677495*1411289245*000087726\			
6/23		Horizon Hcclaimpmt 000000 ACH010028876631	68.13		
6/23		TRN*1*0028876631*1220999690\ Aetna AS01 Hcclaimpmt xxxxxy828	233.88		
		ADDIS A SUL HUUSIMUMI VVVVVS /X	73388		

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#### Transaction History (continued)

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
6/23		Horizon Hcclaimpmt 000000 ACH010028866990 TRN*1*0028866990*1220999690\	383.25		
6/23		Horizon Hcclaimpmt 000000 ACH040075931649 TRN*1*0075931649*1220999690\	486.08		
6/23		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*825168000247741*1066033492\	2,530.54		31,723.17
6/24		Unitedhealthcare Hcclaimpmt xxxxxy828 TRN*1*T4870774*1411289245*000087726\	121.85		
6/24		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882516901040728*1066033492\	164.05		
6/24		Horizon Hcclaimpmt 000000 ACH040075936819 TRN*1*0075936819*1220999690\	676.28		32,685.35
6/25		Aetna AS01 Hcclaimpmt xxxxxy828 TRN*1*825172000007713*1066033492\	91.98		
6/25		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882517101036488*1066033492\	388.23		
6/25		Aetna AS01 Hcclaimpmt xxxxxy828 TRN*1*882517001031375*1066033492\	542.31		33,707.87
6/26		Unitedhealthcare Hcclaimpmt xxxxx9828 TRN*1*T4987900*1411289245*000087726\	58.15		
6/26		Horizon Hcclaimpmt 000000 ACH010028909096 TRN*1*0028909096*1220999690\	60.28		
6/26		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882517201016560*1066033492\	2,433.00		36,259.30
6/27		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*882517401037459*1066033492\	97.34		
6/27		Horizon Hcclaimpmt 000000 ACH010028919527 TRN*1*0028919527*1220999690\	316.59		
6/27		Aetna AS01 Hcclaimpmt xxxxx9828 TRN*1*825175000025689*1066033492\	846.25		
6/27		Healthier NJ Cl Healthier 000000 ACH030001441448 TRN*1*0001441448*2843673030\	851.16		38,370.64
6/30		Unitedhealthcare Hcclaimpmt xxxxx9828 TRN*1*T5127177*1411289245*000087726\	175.80		
6/30		Aetna AS01 Hcclaimpmt xxxxxy828 TRN*1*882517501042217*1066033492\	197.13		
6/30		Healthier NJ CI Healthier 000000 ACH030001443352 TRN*1*0001443352*2843673030\	233.88		
6/30		Interest Payment	0.18		38,977.63
Totals			\$43,609.41	\$30,000.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

#### Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 06/01/2025 - 06/30/2025	Standard monthly service fee \$25.00	You paid \$0.00
How to avoid the monthly service fee Have any ONE of the following each fee period	Minimum required	This fee period
Minimum daily balance	\$10,000.00	\$749.25
<ul> <li>Combined balance in linked accounts, which may include</li> </ul>	\$15,000.00	\$22,451.96

- Average ledger balance in your Navigate Business Checking, Initiate Business Checking, and Additional Navigate Business Checking, plus
- Average ledger balance in your Business Market Rate Savings and Business Platinum Savings, plus

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#### Monthly service fee summary (continued)

How to avoid the monthly service fee
- Average ledger balance in your Business Time Account (CD)

Minimum required

This fee period

WK/WK

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	20,000	0	0.0030	0.00
Transactions	10	250	0	0.50	0.00

Total service charges \$0.00



Drawdown Wires incur a fee of \$15 for Consumer and Small Business non-analyzed accounts. For Drawdown Wires on analyzed accounts, there is a fee of \$22. For more information, please review the Consumer and Business Fee & Information Schedule.

Using a Digital Version of your Debit Card

Effective June 3, 2025, the following subsection will be added to the "Using Your Card" section of the Wells Fargo Debit and ATM Card Terms and Conditions:

Using a digital version of your debit card

You can use the digital version of your debit card, if eligible, for card-not-present transactions like online and in-app purchases, or for payments over the phone. You will not be able to use the digital version of your debit card for in-store purchases or to access Wells Fargo ATMs, unless you add the digital version of your debit card to a Mobile Device (see "Using Your Card Through A Mobile Device" for more details). Note that the PIN for a digital version of your debit card will be the same as the PIN for your physical debit card.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

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#### Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts: Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about other transactions (that are not electronic transfers): Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

Account Ba	alance Ca	lculation \	Wor	kshee	t
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- 1. Use the following worksheet to calculate your overall account balance.
- Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement.
   Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
- Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

	your register but not shown on your statement.	,	
	ITER The ending balance shown on your statement	\$	
ΑE	DD		
B.	Any deposits listed in your	\$	
	register or transfers into	\$	
	your account which are not	\$	
	shown on your statement. +	\$	
	TOTAL	\$	
CA	ALCULATE THE SUBTOTAL (Add Parts A and B)		
	. TOTAL	\$	
SI	JBTRACT		
	The total outstanding checks and		
О.	withdrawals from the chart above	\$	
		-	
CA	LCULATE THE ENDING BALANCE		
	(Part A + Part B - Part C)		
	This amount should be the same		
	as the current balance shown in your check register	\$	
	Jour 55 ogistor	Ψ.	

Total amount \$	

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